2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04750

1. Entity Name
INDIAN LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4275 HUNTINGTON FOREST BLVD JACKSONVILLE, FL 32257 US	C/O ALAN A PISAPIA PO BOX 23207 JACKSONVILLE, FL 32241 US

DO NOT WRITE IN THIS SPACE

06042008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2532318	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PISAPIA, ALAN A
4275 HUNTINGTON FOREST BLVD
JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PISAPIA, ALAN A
STREET ADDRESS	4275 HUNTINGTON FRST.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	TSD
NAME	PISAPIA, MICHAEL L
STREET ADDRESS	4275 HUNTINGTON FOREST BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	VD
NAME	DANIEL, JEFFREY L
STREET ADDRESS	1610 NE 143RD ST
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952868
06/06/08-80001-017 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   6/2/08   904-652-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #